U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
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MS DE				
1. File Number U - 5787	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name John Y KuzuoKA	Name SHEET METAL WORKERS LOCAL #110			
	Labor Organization File Number 002417			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 8515 PEGGY DRIVE	Street 7711 Beulah Church Road			
City Louisville	City Louisville			
State KENTUCKY ZIP Code + 4 40219- 4409	State Kentucky ZIP Code + 4 40228-1738			
5. Position in labor organization.  Business Represe	tative			
,				
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
P.O. Box, Bldg., Room No., if any  Street	7.b. Amount			
	7.b. Amount.			
Street	7.b. Amount.			
Street City				
Street City State ZIP Code + 4	ature  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the			
Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the			
Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the other on penalties in the instructions.)			

Name of Person Filing John V. Kuzuoka	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name SAW # 110 Education + TRAining Fund						
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., if any	b. Trust					
Street 810 North English Station Rd	c. Employer					
City Louisville						
State Kentucky ZIP Code + 4 40223-4792						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name	Provides Education to Local #110 MEmbers					
Trade Name, if any:	MEM DERS					
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City						
State ZIP Code + 4	2 - Apprentices His Completion Bruquets					
	3 - TRustee's meetings (BalterRA-1 louisville-d					
	12.a. Nature of interest held of income received.  2 - Apprentices Hip Completion Brusuets 3 - TRUSTEE'S Meetings (BelterRA-1 lowssulle-2) 1 - EASTERN Regional Apprentices Hip Conference (PROVIDENCE, Rhode Island)					
	12.b. Amount. 9/620 00					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
h						
Street						
City ZIP Code + 4						
State ZIP Code + 4	d the Amount of naumont					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.					

Name of Person Filing John Y. KuzuoKA		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name HumANA  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street foo west Main street  City Louisville  State Lentucky ZIP Code + 4 40202	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a. Nature of such deali	-				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PROVIDES HE MEMBERS	alth CARE to Cocal 110				
Street	44 b. Approximate dellar valu	ue of such dealing.				
City	11.b. Approximate dollar valuation 12.a. Nature of interest hel					
State ZIP Code + 4	2- HUMANA	Functions (louisuille, Ky)  ( Downs				
	12.b. Amount.	#106 00				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).  Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4						
	14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant?	17.D. Amount of payment.					

Name of Person Filing John Y. Kuzuoka	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name SASMI Fund						
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street 601 North FAIRFAX St. Suite 400	G. Employor					
City AlexandRiA						
State VIRGINIA ZIP Code + 4 22314						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name	STABILAZATION AGREEMENT of the SHEET  Metal Industry  SERVICE to MEMBERS					
Trade Name, if any:	SERVICE to MENLERS					
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	DINNER AT GREAT LAKES COUNCIL  CRYSTAL Mountain, Michigan					
	12.b. Amount. 43255					
C. Received from any employer (other than an employer covered under						
or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	·					
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

Name of Person Filing Joha V. Kuzuo	(4	File Number <b>U</b> -	and distributed the first of the second of t				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).  Name SMW# 110 HEALTH FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 401 Eleventh St. Suite 500  City Huntington  State West Vilginia ZIP Code + 4 35701-2216	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  HEALTH FUND FOR LOCAL #110 MEMBERS						
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	TOTAL TOTAL		7,70 2,72 3,72 3				
Sueer	11.b. Approximate dollar value of such dealing.						
State ZIP Code + 4	12.a. Nature of interest hele  RE-InduRSEM  ORLANDO, F	dorincome received. Ent FOR Med CONIDA	ting				
	12.b. Amount.		8915 00				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name Trade Name, if any:							
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4							
Street City	14.b. Amount of payment.						

The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Signature

Date

